

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT

(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.

0769.00140

532 Rec'd POT/PTC 27 JUN 2000

In Re Application Of: Peter John Burne et al.

Serial No.

Filing Date

June 27, 2000

Examiner

Group Art Unit

Title: ASSAYS FOR AUTOANTIBODIES

Address to:

Assistant Commissioner for Patents
Washington, D.C. 20231

37 CFR 1.97(b)

1. ☒ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application; within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; or before the mailing date of a first Office Action on the merits, whichever event occurs last.

37 CFR 1.97(c)

2. ☐ The Information Disclosure Statement submitted herewith is being filed after three months of the filing of a national application, or the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; or after the mailing date of a first Office Action on the merits, whichever occurred last but before the mailing date of either:

1. a Final Action under 37 CFR 1.113, or
 2. a Notice of Allowance under 37 CFR 1.311,
- whichever occurs first.

Also submitted herewith is:

- ☐ a certification as specified in 37 CFR 1.97(e);

OR

- ☐ the fee set forth in 37 CFR 1.17(p) for submission of an Information Disclosure Statement under 37 CFR 1.97(c).

09/582524

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT

(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.

0762,00140

532 Rec'd PCT/STC 27 JUN 2000

In Re Application Of: Peter John Burne et al.

Serial No.

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Examiner

Group Art Unit

Title: ASSAYS FOR AUTOANTIBODIES

Payment of Fee

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of _____ is attached.
- ☒ The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 11-1449 as described below. A duplicate copy of this sheet is enclosed.
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Dated: June 27, 2000

Signature

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